



Please type or print in ink.

NAME (LAST) (FIRST) (MIDDLE)  
Johnston Larry K

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Mono County Board of Supervisors

Division, Board, District, if applicable:

First District Supervisor

Your Position:

Board Member (Assuming Office)

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: Mono County

Position: Ast. Com. Dev. Director (Leaving Office)

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Mono

☐ City of

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 1 / 1 / 11

☐ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.

☒ Leaving Office Date Left: 8 / 31 / 10  
(Check one)

☒ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages  
including this cover page: 4

► Check applicable schedules or "No reportable  
interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☒ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☒ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed 12-10-11  
(month, day, year)

Signature

1 of 2

Larry Johnston

► STREET ADDRESS OR PRECISE LOCATION

Eastside Lane 02-460-56

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CITY

Walker

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FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09

ACQUIRED

\_\_\_\_/\_\_\_\_/09

DISPOSED

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NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold \_\_\_\_\_

Yrs. remaining

☐ \_\_\_\_\_

Other

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IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

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NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
10.00%	12/1
10.00%	12/2
10.00%	12/3
10.00%	12/4
10.00%	12/5
10.00%	12/6
10.00%	12/7
10.00%	12/8
10.00%	12/9
10.00%	12/10
10.00%	12/11
10.00%	12/12
10.00%	12/13
10.00%	12/14
10.00%	12/15
10.00%	12/16
10.00%	12/17
10.00%	12/18
10.00%	12/19
10.00%	12/20
10.00%	12/21
10.00%	12/22
10.00%	12/23
10.00%	12/24
10.00%	12/25
10.00%	12/26
10.00%	12/27
10.00%	12/28
10.00%	12/29
10.00%	12/30
10.00%	12/31
10.00%	12/32
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10.00%	12/34
10.00%	12/35
10.00%	12/36
10.00%	12/37
10.00%	12/38
10.00%	12/39
10.00%	12/40
10.00%	12/41
10.00%	12/42
10.00%	12/43
10.00%	12/44
10.00%	12/45
10.00%	12/46
10.00%	12/47
10.00%	12/48
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10.00%	12/68
10.00%	12/69
10.00%	12/70
10.00%	12/71
10.00%	12/72
10.00%	12/73
10.00%	12/74
10.00%	12/75
10.00%	12/76
10.00%	12/77
10.00%	12/78
10.00%	12/79
10.00%	12/80
10.00%	12/81
10.00%	12/82
10.00%	12/83
10.00%	12/84
10.00%	12/85
10.00%	12/86
10.00%	12/87
10.00%	12/88
10.00%	12/89
10.00%	12/90
10.00%	12/91
10.00%	12/92
10.00%	12/93
10.00%	12/94
10.00%	12/95
10.00%	12/96
10.00%	12/97
10.00%	12/98
10.00%	12/99
10.00%	12/100

\_\_\_\_\_ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
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\_\_\_\_\_ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000      ☐ OVER \$100,000☐ Guarantor, if applicable

FPPC Form 700 (2009/2010) Sch. B  
FPPC Toll-Free Helpline: 866/ASK-FPPC [www.fppc.ca.gov](http://www.fppc.ca.gov)

2 of 2

► STREET ADDRESS OR PRECISE LOCATION

**Westridge Road 26-300-16**

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CITY

**Paradise**

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FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

       / 09        / 09

ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold \_\_\_\_\_

Yrs. remaining Other

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☐ Guarantor, if applicable

FPPC Form 700 (2009/2010) Sch. B  
FPPC Toll-Free Helpline: 866/ASK-FPPC [www.fppc.ca.gov](http://www.fppc.ca.gov)

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Larry Johnston

► NAME OF SOURCE

Office Staff

ADDRESS (Business Address Acceptable)

437 Old Mammoth Road, Mammoth Lakes, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retirement Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 13 / 10	\$ 300.00	Gift Certificate
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: